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Student Intentions to Engage Instructors in Mental Health-Related Conversations: An Application of the Theory of Planned Behavior

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Student Intentions to Engage Instructors in Mental Health-Related Conversations: An Application of the Theory of Planned Behavior

Objective: Considering that college students experience mental health issues and college counseling centers are overwhelmed, this study identifies instructors as a potential mental health resource for students. This study utilizes the theory of planned behavior to investigate the relationship between students' attitudes, injunctive and descriptive norms, perceived behavioral control, and their intentions to engage their instructors in mental health conversations.

Participants: Participants were 311 undergraduate students at a small, private university in Southern California.

Methods: Participants were recruited through a Communication subject pool and completed an online survey about engaging instructors in these conversations.

Results: Results of a regression analysis indicate that all theoretical constructs positively predict students' intentions to discuss mental health with an instructor.

Conclusions: By providing insight into students' intentions to utilize instructors as mental health resources on campus, these findings yield practical implications for better preparing universities and their faculty to engage in students' mental health.

Keywords: *college students, mental health, instructor-student communication, theory of planned behavior*

Introduction

Attending college can be a stressful time for most students, as they are exposed to new academic, social, and personal stressors and challenges, and it is common for individuals to have their first experience with mental health issues in college.¹ In the United States, 20-36% of college students report experiencing significant psychological distress.² A survey conducted by the American College Health Association³ on nearly 88,000 students revealed that 41.9% of students reported being clinically depressed, while 63.4% reported struggling with anxiety within the last year. More troubling is the rise in college students seriously contemplating suicide, with suicidal ideation prevalence rates ranging from 5% to 10% in recent years.^{4,5} Indicative of the troubling situation surrounding mental health on college campuses, a record number of students are seeking mental health treatment at their universities.

Given that the current generation of students are more open to and transparent about discussing their mental health problems with others,⁶ more students are frequently seeking treatment for their mental health concerns, most commonly for anxiety and depression.⁷ However, college counseling centers are assigning students to waitlists and referring emergent cases to outside providers as a means of combating the increased demand of students seeking mental health treatment.⁸ As such, previous research has suggested that college instructors could be a potential resource for students.⁹

Considering that instructors receive large amounts of academic and personal information from students,¹⁰ such disclosures result in mental health-related conversations between students and their instructors.⁹ This outlet for students can be a constructive one, given that instructors are likely to be a source of emotional support for students, as well as refer students to university mental health resources.⁹ The benefit is magnified when considering that students report a more

positive college experience when they have developed interpersonal relationships with their instructors.¹¹ Additionally, the investment instructors make in their students' mental health significantly and positively contributes to the classroom environment, as students who suffer from mental health issues perform poorly academically,¹² are neither engaged nor participative in class,¹³ and are at risk for suicidal ideation.¹⁴ As such, Goldman¹⁵ argues that students' emotional, psychological, and physical well-being should be a top concern among instructors.

Even though the instructor-student relationship is known to have a significant positive influence on students' cognitive, affective, and behavioral outcomes both in and outside of the classroom,¹⁶ there has been little theoretically-driven research conducted on mental health-related communication between instructors and students despite recent evidence that college students may be willing to initiate these conversations with instructors.¹⁷ Toward this end, the current study utilizes the theory of planned behavior¹⁸ to examine predictors of college students' behavioral intentions to approach their instructors as a mental health resource.

College Student Mental Health

Considering the prevalence and severity of college students' mental health issues,¹⁹ it is unsurprising that one in three freshmen experience mental health challenges in the years leading up to college.²⁰ The average ages of college students coupled with the collegiate context creates a prime environment in which mental health conditions are first triggered,²¹ further exemplified by the high levels of uncertainty, stress, and burnout that student populations face annually.^{22,23} With more than 20 million students enrolled in postsecondary education at any given time,²⁴ universities are now considered an intervening mental health resource for their students.

Considering both the high enrollment of university students and the prevalence of mental health issues among students, college counseling centers have seen a 30% increase in the number

of students seeking mental health treatment.⁷ A 2016 survey of college counseling center directors concluded that there is only one counselor available for every 1,737 students, despite the recommended ratio of one to every 1,000 to 1,500 students.²⁵ Consequently, this increase in demand of collegiate psychological care has created an excess of strain on these centers, leading college counseling centers to feel overburdened and understaffed.⁷ As such, previous studies have identified university faculty, staff, funding, and services as potential preventative resources for students in identifying, preventing, and treating mental health issues.^{9,24,26,27} To explore university faculty members as a potential alternate mental health resource for students, we now discuss the literature on instructor-student communication relationships.

The Instructor-Student Relationship

Investigations of instructor-student communication often utilize the relational perspective, which emphasizes the messages both instructors and students use to foster and maintain their relationship with one another.¹⁶ Notably, instructors who engage students in conversations to validate their self-worth and potential while also cultivating open and positive classroom environments have a significant positive impact on students in terms of their learning and motivation.^{28,29} Research conducted by Jaasma and Koper³⁰ indicated that students perceived their collegiate educational experiences as more positive and satisfactory when they developed close interpersonal relationships with their instructors. As such, the instructor-student relationship is an important dynamic that can foster interpersonal dialogue and have a significant personal impact on students.

Given that the current generation of students is becoming more communicative about their mental health issues,⁶ it is extremely likely that conversations among students and instructors about students' mental health already occurs both within and outside of the

classroom. However, information regarding these mental health conversations with students and their instructors is nascent in the collegiate mental health literature, despite research indicating that student perceptions of faculty support influence their overall perceptions of the university; specifically, that perceptions of faculty emotional supportiveness determine students' perceptions of university supportiveness, as well as influence student retention at the university.¹¹

Preliminary investigations of instructor-student communication about mental health indicate that university faculty members are willing and able to have mental health-related conversations with their students.⁹ Specifically, instructors tend to assume one of four roles in these mental health conversations with students – that of an empathic listener, a referral source, a first responder, or a bystander – providing evidence that these conversations have already been taking place between instructors and students.⁹ Notably, these roles exist on a continuum of comfort and willingness to discuss mental health issues with students.⁹ For instance, the empathic listener role welcomes interpersonal conversation about mental health issues with students, whereas the referral source instructor directs students to university resources and the first responder alerts administration to changes in students' behavior.⁹ Additionally, students are willing to seek out instructors as mental health resources in order to receive emotional support, class accommodations, information on university mental health resources, or counseling.¹⁷ Moreover, when asked about their expectations for these conversations, students indicated that they would be the ones initiating these conversations rather than their instructors,¹⁷ demonstrating a need to explore factors that contribute to students' intentions to have these discussions with faculty members. Thus, the current study uses the theory of planned behavior to examine the extent to which students' intentions to engage their faculty members in mental

health-related discussions are predicted by their attitudes, norms, and perceived behavioral control toward initiating these conversations.

Theory of Planned Behavior

The theory of planned behavior (TPB)¹⁸ postulates that an individual's intention to engage in a planned, non-habitual behavior is the immediate antecedent of enacting that behavior. In accordance with Ajzen's theory,¹⁸ these behavioral intentions are predicted by (a) attitudes, (b) subjective norms, and (c) perceived behavioral control. *Attitudes* are conceptualized as positive or negative evaluations of a specific behavior, rather than toward objects, people, or institutions.³¹ Notably, attitudes are influenced by a combination of salient behavioral beliefs, or an individual's beliefs about the behavior outcomes,¹⁸ and the valence of those outcomes. *Subjective norms* are defined as an individual's consideration of referent others' perceptions of the behavior, which are constructed by a combination of normative beliefs and one's motivation to comply.³² As a subset of subjective norms, *injunctive norms* are individuals' pressures from referent others to perform the behavior in question.³² Finally, *perceived behavioral control* is conceptualized as a person's appraisal of his or her capability to successfully engage in the behavior. Taken together, these constructs predict individuals' *behavioral intention*, or "how hard people are willing to try, [and] of how much of an effort they are planning to exert, in order to perform a behavior".^{18(p181)}

Although theoretically unrelated to the TPB, *descriptive norms* also offer predictive insight into behavioral intention.^{33,34} *Descriptive norms* are an individual's perceptions about the prevalence of a behavior in society.³⁴ Ravis and Sheeran's³⁵ meta-analysis uncovered that descriptive norms are consistently associated with attitudes, subjective norms, and perceived behavioral control. Notably, descriptive norms have predicted more variance in behavioral

intention in student samples than the other TPB constructs.³⁵ As such, Chen et al³⁶ argue that descriptive norms in college students' mental health help-seeking behaviors are significantly influential, and thus important to consider. It is for that reason that the current study examines both descriptive and injunctive norms.

Despite substantial support for Ajzen's¹⁸ TPB as a predictor of mental health help-seeking behaviors,³⁶⁻⁴⁰ there is a dearth of research applying the theory to students' intentions of approaching instructors to engage in a mental health-related dialogue. However, White and LaBelle previously identified four attitudes students associated with seeking instructors as a mental health resource: to receive class accommodations, receive emotional support, receive information or resources about on-campus mental health facilities, and receive counseling.¹⁷ Additionally, the TPB has been successfully applied in predicting international (e.g., Australian and Chinese) and African-American students' behavioral intentions toward consulting college counseling centers as a means of mental health help-seeking.³⁷⁻⁴⁰ The TPB has also been applied to both resident advisors' and instructors' intentions of referring students with mental health concerns to college counseling centers.^{26,27} These applications of TPB span the collegiate mental health setting, supporting student and faculty intentions of contacting the college counseling center.

Furthermore, the TPB has successfully been used to predict various mental health-related behaviors among college students. Attitudes, subjective norms, perceived behavioral control, and mental distress were all found to be significant predictors of students' intentions to consult college counseling centers.³⁶⁻⁴⁰ Additionally, Servaty-Seib and colleagues²⁶ found that resident advisors' intentions to refer mentally distressed students to counseling were influenced by their subjective norms and their perceived behavioral control. Faculty members' intentions to refer

were influenced by their attitudes and subjective norms.²⁷ Therefore, the following predictions guided by the TPB were forwarded to understand students' intentions to engage in mental health-related conversations with their instructors:

- H1: Students' attitudes toward engaging faculty members in mental health-related dialogue will be positively related to their behavioral intentions to engage faculty in this dialogue.
- H2: Students' injunctive norms toward engaging faculty members in mental health-related dialogue will be positively related to their behavioral intentions to engage faculty in this dialogue.
- H3: Students' descriptive norms toward engaging faculty members in mental health-related dialogue will be positively related to their behavioral intentions to engage faculty in this dialogue.
- H4: Students' perceived behavioral control toward engaging faculty members in mental health-related dialogue will be positively related to their behavioral intentions to engage faculty in this dialogue.

Method

Participants

Participants were 311 undergraduate students from a small private school in Southern California who were 18 years or older and currently enrolled in one or more college courses at the university. They were predominantly white/Caucasian ($n = 231$, 74.3%), identified as women ($n = 235$, 75.6%), and were sophomore-level students ($n = 137$, 44.1%) with an average age of 19.68 ($SD = 1.38$). Participants had an average GPA of 3.45 ($SD = 0.35$) and their academic majors spanned multiple disciplines, including communication studies ($n = 108$), strategic

corporate communication ($n = 125$), psychology ($n = 12$), health science ($n = 9$), and business administration ($n = 6$) majors. In addition, global communication, English, dance, computer science, educational studies, and pre-pharmacy majors were each represented by one student, and five students reported their major as undeclared. Finally, 40 students reported double majoring, most often in communication studies and an additional subject within the humanities (i.e., psychology, business, journalism, and world languages, among others).

Additionally, 33.4% of students ($n = 104$) reported that they were self- or professionally diagnosed with a mental illness and 42.8% of students ($n = 133$) were currently using at least one on- or off-campus mental health resource (e.g., Dean of Students offices, on-campus student psychological services, off-campus therapist/psychologist; on-campus, $n = 97$; off-campus, $n = 59$). About a quarter of students ($n = 81$) reported having discussed their mental health with a faculty member, whereas others did not ($n = 208$) or were unsure ($n = 21$) of previously discussing their mental health with a faculty member. As such, previously discussing mental health with a faculty member was dichotomized as yes ($n = 81$) or no ($n = 229$).

Procedures

Following approval of the university's institutional review board, participants were recruited to take an online survey via convenience sampling using the university's Communication subject pool. At the beginning of the survey, participants were asked to refer to the instructor of the last class they attended before taking the survey to ensure that instructors from a variety of disciplines were considered in the study⁴¹ and to deter students from reporting on a class in which they felt close to the instructor, as students may be more likely to approach an instructor with whom they have an interpersonal relationship.¹⁷ Students reported on instructors who taught subjects within communication, health and behavioral sciences, women's studies, science and

technology, humanities, performing arts, and business, among others. The survey took approximately 10 minutes to complete and participation was voluntary. Upon successful completion of the survey, students were compensated with class credit.

Measures

In addition to answering demographic questions, whether they have been self- or professionally diagnosed with a mental health condition, and whether they use any of the mental health resources on campus, participants responded to a battery of items that assessed constructs of the TPB. The survey was situated within Ajzen's⁴² recommendations to assess the TPB constructs and was also adapted from previous studies using the TPB in college student samples.^{43,44} Unless otherwise noted, TPB variables were assessed using a Likert scale ranging from -3 (*strongly disagree*) to +3 (*strongly agree*). Means, standard deviations, and correlations for all study variables can be found in Table 1.

Attitudes

The survey assessed four attitudes toward discussing one's personal mental health with the instructor during times of mental distress, including to "receive class accommodations," "receive emotional support," "receive information or resources about on-campus mental health facilities," and "receive counseling," which were informed by a qualitative study of student expectations for having mental health-related discussions with their instructors.¹⁷ Each attitude was rated with five 7-point semantic differential items (beneficial-harmful, pleasant-unpleasant, valuable-worthless, good-bad, and appropriate-inappropriate). Each subscale demonstrated good reliability (class accommodations, $\alpha = 0.90$; emotional support, $\alpha = 0.91$; information, $\alpha = 0.84$; counseling, $\alpha = 0.91$; combined scale, $\alpha = 0.95$).

Injunctive Norms

Norms regarding pressures from referent others toward discussing one's personal mental health with the instructor during times of mental distress were assessed using three items.

Sample items include "Most people who are important to me think that I should discuss my mental health with the instructor if I needed to during times of mental distress" and "The people in my life whose opinions I value would disapprove of me discussing my mental health with the instructor during times of mental distress (reverse-coded)." The scale demonstrated adequate reliability ($\alpha = 0.76$).

Descriptive Norms

Norms regarding perceptions about the prevalence of college student discussions about mental health with an instructor during times of mental distress was assessed with three items (i.e., "Most college students discuss their mental health with an instructor during times of mental distress," "A lot of college students I know do NOT discuss their mental health with an instructor during times of mental distress (reverse-coded)," and "My friends discuss their mental health with an instructor during times of mental distress"). The scale demonstrated adequate reliability ($\alpha = 0.76$).

Perceived Behavioral Control

Participants' beliefs about whether or not they could successfully discuss their mental health with the instructor during times of mental distress was assessed using five items. Example items include "I am confident I can discuss my mental health with the instructor during times of mental distress" and "It would be possible for me to discuss my mental health with the instructor during times of mental distress." The scale demonstrated adequate reliability ($\alpha = 0.76$).

Behavioral Intention

Behavioral intention related to discussing one's mental health with the faculty member during times of mental distress was assessed with four items. Example items include "I intend to discuss my mental health with the faculty member during a time of mental distress" and "I will discuss my mental health with the faculty member during a time of mental distress." The scale demonstrated excellent reliability ($\alpha = 0.92$).

Covariates

Whether students were currently using mental health resources (e.g., on-campus counseling center, off-campus therapist, support groups), had previously disclosed their mental health status to instructors, students' professional- or self-diagnosis of mental health issues, class rank, and gender (i.e., woman, man, or non-binary) were used as covariates in the statistical analyses. Notably, whether or not students were currently using mental health resources was measured via multiple choice, providing participants with a list of mental health resources found on-campus (e.g., on-campus student psychological services, the Dean of Students offices, health center) and off-campus (e.g., off-campus therapist/psychologist, crisis text hotlines, online support groups).

Results

The main objective of the current study was to test the predictive power of attitudinal, normative, and control variables as the key determinants of students' intention to discuss their mental health with instructors. Toward this aim, we ran a regression analysis in STATA/I.C. 16.1 to identify salient TPB variables and covariates. Prior to the main analysis, data were screened for multicollinearity, normality, and heteroscedasticity. Multicollinearity was not deemed a problem as VIF values for all predictors were below the critical value of 10 and Tolerance values were above the critical value of .10. The Durbin-Watson statistic revealed that the residuals were

normally distributed, $d = 1.81$, indicating that the assumption for independence of error terms was not violated. Finally, plots of the residuals were uniformly distributed for all predicted values of the dependent variable, satisfying the assumption of homoscedasticity.

Regarding the TPB predictions, results of a linear regression indicated that all sociocognitive variables positively predicted behavioral intentions, thus supporting all hypotheses. Specifically, when controlling for the covariates, student intentions to disclose mental health issues was positively predicted by student attitudes ($\beta = 0.23, p < 0.001$), injunctive norms ($\beta = 0.40, p < 0.001$), descriptive norms ($\beta = 0.34, p < 0.001$), and perceived behavioral control ($\beta = 0.22, p = 0.002$). Notably, of the covariates included in the regression, current use of mental health resources ($\beta = 0.22, p = 0.002$), previous faculty mental health disclosure (0 = no previous faculty mental health disclosure, 1 = previously disclosed mental health to faculty; $\beta = 0.41, p = 0.002$), and class rank (0 = lowerclassmen, 1 = upperclassmen; $\beta = 0.27, p = 0.03$) were significantly associated with disclosure intentions. Nonsignificant covariates included a mental health diagnosis ($\beta = -0.04, p = 0.73$) and gender ($\beta = 0.04, p = 0.73$).

Discussion

It is paramount that theoretical approaches are included in student mental health initiatives, especially in regard to their access to mental health resources. Notably, 20-36% of students nationwide experience mental health issues while in college² and college counseling centers are currently overburdened.⁷ Considering that previous research has suggested college instructors as alternative mental health resources for students,⁹ it is important to assess students' intentions of discussing their mental health with their instructors during times of mental distress. To do so, this study assessed attitudes, norms, and perceived behavioral control as predictors of students' behavioral intentions to engage faculty members in mental health-related discussions. In the

following discussion, we detail the findings of this study that support the application of the TPB within this context. These results are then contextualized within collegiate environments seeking to proactively address student mental health issues to contribute to the comprehensive understanding of both college student help-seeking behavior and the collegiate mental health environment.

Both injunctive and descriptive norms were found to be the strongest predictors of participants' intentions of having mental health-related conversations with their instructors. As the strongest predictors of intention, the role of injunctive and descriptive norms in the current study supports previous research emphasizing the value that college students place on their peers' approval and behavior.⁴⁵ Furthermore, these results echo the importance of subjective norms as an important antecedent of behavior within the context of the TPB.⁴⁶ Therefore, results indicated that college students receiving approval and acceptance from peers about their disclosures of mental health issues with faculty members would then adopt the beliefs and behaviors of these referent groups. This encouragement from peers likely stems from positive conversations students have about mental health with each other, as students feel that their peers are respectful and respond positively to them receiving class accommodations for mental health conditions.⁴⁷ As such, injunctive and descriptive norms are considered crucial elements in fostering accepting and supportive campus environments which may allow students to disclose mental health issues more freely. Furthermore, descriptive norms were also found in the present study to be significant in determining student intentions to have conversations about their mental health with their instructors. This finding is supported by existing research that suggests college students are influenced by perceptions of what their peers are actually doing (i.e., descriptive norms).^{43,48,49} Ultimately, descriptive norms appear to be especially important to mental health

help-seeking behavior, especially given that “young people are particularly susceptible to descriptive norms.”^{35(p230)} Future efforts to address student mental health on college campuses should be advised to consider descriptive norms among their variables of interest.

Additionally, attitudes were among the other TPB constructs that predicted students’ intentions of having mental health-related conversations with their instructors. This result is aligned with previous research that suggests attitudes toward mental health treatment are positively associated with mental health help-seeking intentions.⁴⁵ Moreover, the attitudes assessed in the current study were informed by research on students’ motives for engaging in mental health discussions with faculty members.¹⁷ In a qualitative assessment of student attitudes, students disclosed that they believed faculty members may develop negative perceptions of them personally or of their academic performance due to their mental health disclosure.¹⁷ Given that mental health conversations with faculty members would undoubtedly differ from those with counselors or therapists,⁹ there may be more positive attitudes toward such conversations with faculty members; as such, these positive attitudes may then be viewed as influential in help-seeking intentions.⁴⁵

Perceived behavioral control was also found to be a predictor of students’ intentions to engage a faculty member in mental health-related discussions. The role of perceived behavioral control is consistent with other studies examining student mental health help-seeking behaviors.^{40,50,51} Specifically, the current findings are aligned with those of Mesidor and Sly, who discovered that students who “believed they had the necessary resources or abilities were more likely to seek mental health services.”^{40(p145)} As such, given the strong association among attitudes and perceived behavioral control in the current study ($r = 0.52$), it is reasonable to assume that the more positively an individual regards mental health disclosure, the more

efficacious they feel toward disclosing such thoughts. However, the current study only assessed how perceived behavioral control predicts students' intentions to discuss their mental health with a faculty member. Although behavioral intention is the most proximal predictor of actual behavior,¹⁸ future studies should assess the extent to which students actually engage their faculty members in dialogue about mental health to determine how attitudes, norms, and perceived behavioral control influence this communication behavior.

Also, pertinent to consider are individual characteristics of the students and instructors who have these mental health-related conversations. As noted by Meluch and Starcher, "students must feel that their disclosure is important for their instructors,"^{52(p777)} whereas "instructors' communication about mental health appears to be intertwined with their comfort and willingness [to discuss mental health]."^{9(p146)} In the current study, additional student characteristics were accounted for as covariates. Namely, students who had previously sought mental health services had greater behavioral intention to seek mental health help from their instructors, which aligns with prior research on mental health help-seeking in general.^{52,53} For example, previous experience with counseling positively predicts students' help-seeking attitudes which, in turn, influence their help-seeking intentions.⁵⁴ These mental health resources students utilize in addition to disclosing to faculty members may also aid in shaping positive and destigmatized mental health attitudes. Indeed, prior research suggests that greater perceptions of mental health resources are associated with decreased support-seeking stigma,⁵⁵ which aligns with our findings that students who have (a) previously disclosed to faculty and (b) currently use additional mental health resources have greater intentions to discuss their mental health with faculty members than others. Relatedly, considering that previous mental health-related conversations with instructors was a significant predictor of students' behavioral intention in the model, there was a significant

difference in behavioral intention between students who had already had these discussions with a faculty member ($M = 0.18$, $SD = 0.17$) and those who had not ($M = -0.92$, $SD = 0.09$), $t(308) = -6.26$, $p < 0.01$. These findings can guide future research in assessing whether students' past behavior related to disclosing such personal information to their instructors predicts their intentions above and beyond the effects of the TPB predictors, a finding frequently reported in TPB research and meta-analyses.⁵⁶ It may be the case that students are more likely to revisit the conversation once they have navigated the uncertainty of the first one, making this an avenue for further exploration.

Theoretical and Practical Implications

Theoretically, the results of the current study provide further support for the inclusion of descriptive norms in TPB applications, particularly those within the context of mental health-related conversations. In alignment with Chen et al.,³⁶ descriptive norms were found to be a significant predictor of students' intentions, supporting the idea that such norms are salient in student populations. Future research should expand upon the current findings by utilizing extensions of the TPB (e.g., the Reasoned Action Approach⁵⁷) to account for how injunctive and descriptive norms combine to form normative pressure, and to evaluate how such pressure influences students' intentions to have mental health conversations with faculty.

Given that the TPB has been applied to various messaging strategies that focus on college student audiences,^{40,58} a practical implication of this study would be to incorporate the TPB into on-campus efforts that suggest to college students that they consider instructors as an alternative mental health resource on campus. As health campaigns on college campuses have previously incorporated social norms to influence mental health help-seeking behaviors⁵⁸ and have utilized the TPB to facilitate behavior change in college student populations,^{40,43} the present study lends

further support for raising awareness among college students that they can disclose mental health struggles to their faculty members. Per the current results, such messages should promote students' positive attitudes about mental-health related conversations with faculty (e.g., by highlighting the benefits of social support found in these conversations), their self-efficacy toward having these conversations (e.g., by providing communication tips for initiating a mental health-related conversation with a faculty member), as well as positive opinions of mental health disclosure (e.g., by highlighting that engaging instructors in this type of dialogue is normative among peers).

While we recognize that many college counseling centers are overwhelmed with student requests for services,^{7,25} and that some faculty feel as though their role stops at referring students to such resources,⁹ there are still many instructors who are comfortable with such conversations. Indeed, instructors have previously indicated that when they discuss their students' mental health, they often do so by providing students with words of affirmation, expressing empathy through sharing their own mental health experiences, and discussing various ways they can support the student, such as by making class accommodations and extending deadlines.⁹ As noted by Johnson et al.,⁵⁹ in addition to serving as a resource for mental health support, teachers can also work to provide appropriate support and positive learning climates for students in their-day-to-day interactions. Research indicates that open and supportive classroom environments reduce student indicators of depression, which in turn affects overall well-being.⁶⁰ As these environments will likely also lead to instructor-student conversations about mental health, this would present an opportunity for instructors to provide situation-specific advice for students that may mitigate feelings of anxiety and being overwhelmed by class work. It is incumbent upon universities to offer faculty training and resources for such conversations, as well as providing

clear directions for the situations in which students may need professional counseling.⁹ Future research developed based on the current findings should consider faculty efficacy toward being a mental health resource for their students and also elucidate the content of these conversations further.

Limitations and Future Directions

The current findings contribute to the collegiate mental health literature in important ways but are not without limitations. First, the students that participated in the current study were recruited from a Communication subject pool at a small, private university and thus may have been socialized to the norms and expectations of other Communication students and instructors; however, asking students to report on the instructor from the last class they attended prior to completing the survey may have reduced or negated such interference. As such, despite communication researchers often utilizing department-specific subject pools, we acknowledge that in having a predominant number of students studying communication in our sample, this may make them unique in that they may feel more comfortable and equipped having these conversations with their instructors. Furthermore, as Eisenberg et al⁶¹ note, students at small, private schools, such as the study site, have increased social connectedness, which “could increase the probability that students with mental health problems are identified and encouraged to seek services.”^{58(p307)} As such, students at smaller institutions may be more likely to have available mental health resources than students on larger campuses. We encourage future research on collegiate mental health to use sampling methods beyond a convenience sample of Communication students to corroborate the generalizability of these results.

A second limitation of the current study is that 42.8% of study participants were currently using at least one on- or off-campus mental health resource (e.g., Dean of Students offices, on-

campus student psychological services, off-campus therapist/psychologist) with the majority (72.9%) utilizing on-campus resources. As such, these findings may not be generalizable to students who are not currently using mental health resources, and who therefore may have different salient beliefs and perceptions about approaching an instructor to discuss mental health. However, it should be noted that utilization of mental health services was used as a control variable in all statistical analyses, and the percentage of students using mental health resources in this study reflects national data regarding the number of college students enrolled in mental health treatment. In a national study of 32,754 college students, nearly half screened positive for clinical levels of anxiety and/or depression, with 40% of those individuals enrolled in counseling or therapy.⁶² In addition to behaviors surrounding mental health treatment, students' personality traits may influence their level of comfort in having mental health conversations with others. As such, an additional limitation of our study is that we did not assess students' personality traits, which may have helped determine their intentions to have mental health conversations with their instructors

Finally, the reliabilities of the TPB measures included in this study varied considerably (0.76 - 0.95). Although each reliability was above the threshold of acceptability, it is possible that lower reliabilities were a result of acquiescence response bias and reverse-coded items used for some constructs and not others.⁶³ Future research on the context of instructor-student communication about mental health should be cognizant of continuing to confirm the validity of such measurements in capturing TPB constructs.

Future research should replicate this study with other student cohorts: students attending large universities, graduate students, and – considering that data for this study were collected prior to the COVID-19 pandemic – students learning online or returning to on-campus

instruction due to the disruption caused by the pandemic. For instance, Sverdlik et al⁶⁴ discussed how rates of depression and anxiety increase profoundly as doctoral students matriculate through their programs. As graduate students and their advisors have markedly closer and more interpersonal relationships,⁶⁵ perhaps these students would have greater intentions to disclose such personal issues with graduate faculty. Furthermore, future research should explore how the current findings may change within the context of the COVID-19 pandemic. Students may be more likely to disclose their struggles to their instructors, as they are experiencing pandemic-related increases in their stress, anxiety, depression,⁶⁶ substance misuse, and suicidal ideation⁶⁷ and they may need academic or emotional assistance.¹⁷ Indeed, these mental health conversations within the context of the pandemic are an area worthy of empirical research.

Additionally, researchers examining student mental health disclosures to faculty should consider the motivations students have for disclosing their mental health conditions. Although White and LaBelle¹⁷ found that students' motivations for approaching faculty members to have mental health-related conversations included justifying their academic performance, seeking emotional support, or needing assistance finding university mental health resources, Meluch and Starcher⁵² found that having an important reason for the disclosure (e.g., it explained an absence, if they were in crisis) was the only significant predictor of student mental health disclosure to faculty. Thus, future research should closely examine these motivations to provide further clarification.

Conclusion

Understanding college students' intentions to discuss mental health with their instructors is a necessary component in discovering ways to mitigate the effects of the mental health crisis occurring on college campuses.⁷ Guided by the TPB, the current study extends our understanding

of this issue in revealing that students' attitudes, perceptions of injunctive norms, descriptive norms, and perceived behavioral control predict their intentions to engage their instructors in mental health-related dialogue during times of distress. Given that students are already turning to faculty members to have mental health-related conversations,^{9,17,52} further research examining ways through which instructors "alter the narrative"^{15(p399)} surrounding these discussions of mental health would yield valuable insight into the potential for instructors as an on-campus mental health resource.

Declaration of Interest

The authors confirm that we have no conflicts of interest to declare.

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Table 1

Correlation Matrix for Study Variables

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
1 Attitudes	4.85	1.14	–									
2 Injunctive norms	3.95	1.12	0.38 [†]	–								
3 Descriptive norms	2.89	1.14	0.11	0.47 [†]	–							
4 Perceived behavioral control	4.59	0.95	0.52 [†]	0.40 [†]	0.26 [†]	–						
5 Behavioral intention	3.56	1.44	0.43 [†]	0.61 [†]	0.54 [†]	0.46 [†]	–					
6 Using mental health resources	0.60	0.84	0.04	0.13*	0.06	0.06	0.23 [†]	–				
7 Previous faculty disclosure	0.26	0.44	0.16**	0.20 [†]	0.18**	0.23 [†]	0.34 [†]	0.20 [†]	–			
8 Diagnosed mental illness	0.33	0.47	-0.10	-0.01	-0.04	-0.03	0.04	0.27 [†]	0.15**	–		
9 Class rank	2.14	0.81	0.09	0.06	-0.01	0.06	0.11	-0.08	0.06	-0.09	–	
10 Gender	1.77	0.45	-0.10	-0.01	-0.03	-0.02	-0.06	-0.01	-0.01	0.14*	-0.24 [†]	–

Note. * $p < .05$. ** $p < .01$. [†] $p < .001$. Two-tailed.